LIABILITY RELEASE FOR MINORS PLEASE READ CAREFULLY
IMPORTANT LIMITATIONS OF BLANCHE MANOR LLC LEGAL LIABILITY

Child 1._____	Height_____	Weight_____	Horse _____
Child 2_____	Height_____	Weight_____	Horse _____
Child 3._____	Height_____	Weight_____	Horse _____
Child 4._____	Height_____	Weight_____	Horse _____
Child 5._____	Height_____	Weight_____	Horse _____
Child 6._____	Height_____	Weight_____	Horse _____

I acknowledge that all of the children I am signing for are at least 6 years of age, if they are participating in the guided trail ride, as this is the guideline our insurance carrier has set forth. I am voluntarily allowing my child to participate in this activity with knowledge of the dangers (included but not limited to bucking, rearing, kicking, biting, spooking, tripping, misstep, bolting, rolling, shaking, being stepped on, trampled, rubbed into trees, thrown off, etc.) involved and hereby agree to accept any and all risks and responsibilities of injury or death to my child, or injury caused by my child to others. **(INITIAL)_____**   .

*Does child suffer from the following? Please put child's number next to applicable area.
__heart problems __seizures __ stroke__ Parkinson's disease __osteoporosis __muscle impairment
__allergies (please list)_____. You are required to by initialing to disclose this information here and notify your guide before mounting your horse of any and all conditions listed here or others that may affect or impair your ability to ride or control a horse. **(INITIAL) _____.**
IF YOU CHECKED ANY OF THE ABOVE SEE GUIDE FOR ADDITIONAL RELEASE

* I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating , or else I agree to bear the costs of such injury or damage myself . I further certify that I have no medical or physical conditions which could interfere with my safety in this activity , or else I am willing to assume -- and bear the costs of --all risks that may be created , directly or indirectly , by any such condition .
(INITIAL)_____

*I certify that my child is not under the influence of any medication that could impair judgment. **(INITIAL)_____**

The Blanche Manor LLC relies on my answers to the above questions in selecting a saddle animal and is justified in such reliance. Blanche Manor LLC makes no warranty of any kind, expressed or implied, as to the habits, disposition, suitability, nature, or physical condition of any saddle or carriage animal, and equipment supplied by it. Blanche Manor LLC is not a carrier, all rental animals being under the control of guests. Blanche Manor LLC is not responsible to guest or anyone else for injury arising out of the rental or riding of any saddle or carriage animal provided by it, whether injury occurs through negligence of Blanche Manor LLC or its contractors, employees, volunteers, agents, or associates. I further agree that I will defend, indemnify, and hold harmless Blanche Manor LLC, its owners, , contractors, employees, volunteers, land owner whose land where horseback riding activities may be conducted their insurers or assigns, the State of Tennessee, and its owners, officers, directors, members, and agents, or any of them against all claims, demands, causes of action including court costs, any attorney fees, directly or indirectly arising from any action or any preceding brought by or prosecuted for my benefit contrary to this release extending to all claims of every kind and nature whatsoever known or unknown and I expressly waive any benefits I may have under Tennessee Civil Code relating to the release of unknown claims. I further acknowledge that any equine professional or sponsor is not responsible for any accident or death resulting from any equine activity resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20. In consideration for the rental fee paid I agree with and fully understand the contents of the above and limitation of liability and understand that this releases the liability of Blanche Manor and is a contract between Blanche Manor and my child. I authorize emergency medical treatment for my child. I sign below for my child of my own free will.

Guardian Signature _____**Date**_____

*********IF YOU ENJOY YOUR RIDE, PLEASE TIP YOUR GUIDE**********